

Out-Of-State Travel Waiver Justification

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.

If more than one employee is traveling, a separate form must be completed for each person.

See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

Number of People on Trip:	
Name of Person Attending: Denise Timmins	Working Title: Assistant Attorney Genera
Department: Justice	Division/Bureau/Section: Area Prosecutions
Will this trip require an overnight stay outside of lowa? No: ☐ Yes: ☒	(If No, you do not need this waiver)
City (Cities) Traveling To: Minneapolis and Duluth MN	Dates of Travel: April 27 - 29, 2011
*.	Other: _% If Other, Specify: All paid by other
Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals	
Does this Trip Require Executive Council Approval for Conference/Convention	on? No: 💥 Yes: 🗌
If Yes, Have You Received Approval? No: Yes: If Yes, Date: Reason for Travel Waiver (Select one)	
Fulfills statutorily required duties (Cite the specific statute) Has potential to bring cost savings or enhanced revenues to the state (Comprogram that will receive the cost savings or enhanced revenues and proof the saving or revenues attributable to the travel) Has a benefit or potential benefit which significantly outweighs the potential benefit or qualifying criteria and proving information on the lines below. Presenting to Minnesota prosecutors Thus tequest prior to March 7, 20 Department Director Signature This form must be signed by a department head or agency director	ential cost. See vide that on topic of Human Trafficking. March 7, 2011. I accepted 11. Date: 3/15/11
Additional information to assist you in completing this See Fact Sheet for more complete information. This waiver is required by HF45 from March 7 until June 30, 2011. If no overnight stay is required at a location out-of-state, the travel incidental and no waiver form needs to be submitted. The Council meets each Monday at 10:00 a.m. Deadline for waive Thursday at 12:00 noon. If your travel requires both Executive Council approval and the wai due to a convention/conference, note that both processes must be separately. See Fact Sheet for further explanation.	is considered er is the previous APPROVED Executive Council APR 0 4 2011

000197

Out-Of-State Travel Waiver Justification

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.

If more than one employee is traveling, a separate form must be completed for each person.

See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

Number of People on Trip: 2	Contact E-mail: Jill.Paxton@iowaagriculture.gov
Name of Person Attending: Jill Paxton	Working Title: Weights & Measures Bureau Chief
Department: lowa Department of Agriculture and Land Stewardship	Division/Bureau/Section: Consumer Protection & Industry Service
Will this trip require an overnight stay outside of Iowa? No: ☐ Yes: >	X (If No, you do not need this waiver)
City (Cities) Traveling To: Grand Rapids, MI	Dates of Travel: May 16-22, 2011
Funding Source: X Appropriated State: 100% Federal:% (If the coding for the travel claim is appropria	(If after June 30, 2011 – you DO NOT need this waiver.) Other:% If Other, Specify: ation 0000 - you DO NOT need this waiver.)
Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, I	Meals, Registration, Parking, etc): \$1,255.24
Does this Trip Require Executive Council Approval for Conference/Conv	vention? No: Yes: X
If Yes, Have You Received Approval? No: X Yes: [If Yes, D	Date:
Reason for Travel Waiver (Select one) Fulfills statutorily required duties. (Cite the specific statute.) Has potential to bring cost savings or enhanced revenues to the st program that will receive the cost savings or enhanced revenues a	tate. (Cite the specific and provide an estimate
of the saving or revenues attributable to the travel.) X Has a benefit or potential benefit which significantly outweighs the current Executive Council Fact Sheet for qualifying criteria and prothe lines below. (If nonrefundable ticket is the justification, date of	ovide that information on
Travel is necessary to attend training on new or changing program requireme	ants as Iowa Code adopts NIST handbook 44 and 130.
Department Director Signature: Department Director Printed Name: Bill Northey	Date: 3-25-11
	5 " DD5 111 1 1 110 laws 701

This form must be signed by a department head or agency director. Email a PDF of the form to executive council@iowa.gov

Additional Information to assist you in completing this form. See Fact Sheet for more complete information.

- This waiver is required by HF45 from March 7 until June 30, 2011.
- If no overnight stay is required at a location out-of-state, the travel is considered incidental and no waiver form needs to be submitted.
- The Council meets each Monday at 10:00 a.m. Deadline for waiver is the previous Wednesday at 12:00 noon.
- If your travel requires both Executive Council approval and the waiver justification due to a convention/conference, note that both processes must be completed separately. See Fact Sheet for further explanation.

Executive Council Approval

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Out-Of-State Travel Waiver Justification

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Please answer all of the questions listed below.

Number of People on Trip: 2 - One was 100% Federally Funded / No Waiver was needed	Contact E-mail: Robin.Pruisner@lowaAgriculture.gov		
Name of Person Attending: Robin Pruisner	Working Title: State Entomologist		
Department: lowa Department of Agriculture & Land Stewardship	Division/Bureau/Section: Consumer Protection & Industry Serv.		
Will this trip require an overnight stay outside of lowa? No: ☐ Yes: X ((If No, you do not need this waiver)		
City (Cities) Traveling To: St. Louis, MO	Dates of Travel: March 7 – 9, 2011 (If after June 30, 2011 – you DO NOT need this waiver.)		
Funding Source: X Appropriated State: 100% Federal:	Other: % If Other, Specify:		
Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals	s, Registration, Parking, etc): \$453.04		
Does this Trip Require Executive Council Approval for Conference/Convention	on? No: X Yes: X		
If Yes, Have You Received Approval? No: Yes: X If Yes, Date:	2-14-2011		
Reason for Travel Waiver (Select one) Fulfills statutorily required duties. (Cite the specific statute.)			
Has potential to bring cost savings or enhanced revenues to the state. program that will receive the cost savings or enhanced revenues and p of the saving or revenues attributable to the travel.)	(Cite the specific rovide an estimate		
X Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below. (If nonrefundable ticket is the justification, date of purchase is required.)			
A nonrefundable registration fee was paid on February 22, 2011, which was before	e the March 7 date of implantation for the waiver justification process.		
Department Director Signature: Department Director Printed Name: Dick Northery			
	Executive Council Approval		
 Additional information to assist you in completing this See Fact Sheet for more complete information. This waiver is required by HF45 from March 7 until June 30, 2011. If no overnight stay is required at a location out-of-state, the travel incidental and no waiver form needs to be submitted. The Council meets each Monday at 10:00 a.m. Deadline for waive Wednesday at 12:00 noon. If your travel requires both Executive Council approval and the wait due to a convention/conference, note that both processes must be separately. See Fact Sheet for further explanation. 	form. APPROVED Executive Council ar is the previous APR 0 4 2011 ver justification		

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Out-Of-State Travel Waiver Justification

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If more than one employee is traveling, a separate form must be completed for each person.

See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

	Contact E-mail: Ivan.Hankins@iowaagriculture.gov
Number of People on Trip: 2	Contact E-mail:
Name of Person Attending: Ivan Hankins	Working Title: W & M Tech Coordinator/Inspector
Department: Iowa Department of Agriculture and Land Stewardship	Division/Bureau/Section: Consumer Protection & Industry Service
Will this trip require an overnight stay outside of lowa? No: Yes: X	(If No, you do not need this waiver)
City (Cities) Traveling To: Grand Rapids, MI	Dates of Travel: May 16-19, 2011 (If after June 30, 2011 – you DO NOT need this waiver.)
Funding Source: X Appropriated State: 100% Federal: % (If the coding for the travel claim is appropriation	Other:% If Other, Specify:
Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meal	s, Registration, Parking, etc): \$1,174.24
Does this Trip Require Executive Council Approval for Conference/Convent	ion? No: Yes: X
If Yes, Have You Received Approval? No: X Yes: If Yes, Date:	
Reason for Travel Waiver (Select one) Fulfills statutorily required duties. (Cite the specific statute.) Has potential to bring cost savings or enhanced revenues to the state. program that will receive the cost savings or enhanced revenues and pof the saving or revenues attributable to the travel.)	(Cite the specific provide an estimate
X Has a benefit or potential benefit which significantly outweighs the pot current Executive Council Fact Sheet for qualifying criteria and provide the lines below. (If nonrefundable ticket is the justification, date of pur	e that information on chase is required.)
Travel is necessary to attend training on new or changing program requirements	as lowa code adopts the Hallabook + Falla Foot
Department Director Signature: Bill Northey Department Director Printed Name: Bill / Yorthey	Date: 3-25-11
This form must be signed by a department head or agency directo	r. Email a PDF of the form to executivecouncil@iowa.gov

Additional information to assist you in completing this form.

See Fact Sheet for more complete information.

- This waiver is required by HF45 from March 7 until June 30, 2011.
- If no overnight stay is required at a location out-of-state, the travel is considered incidental and no waiver form needs to be submitted.
- The Council meets each Monday at 10:00 a.m. Deadline for waiver is the previous Wednesday at 12:00 noon.
- If your travel requires both Executive Council approval and the waiver justification due to a convention/conference, note that both processes must be completed separately. See Fact Sheet for further explanation.

Executive Council Approval

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Executive Council

Out-Of-State Travel Waiver Justification

000200

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.

If more than one employee is traveling, a separate form must be completed for each person.

See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

Number of People on Trip:	One (1)	Contact E-mail: jquinn@dps.state.ia.us
Name of Person Attending:	John F. Quinn	Working Title: Director
Department: Department of	Public Safety	Division/Bureau/Section: Division of Criminal Investigation
Will this trip require an over	night stay outside of lowa? No: 🔲 Yes: 🖂	(If No, you do not need this waiver)
City (Cities) Traveling To:	Savannah, Georgia	Dates of Travel: May 20th - 25th, 2011
Funding Source: 🖂 Appro	opriated State: 100% Federal:% [(If the coding for the travel claim is appropriati	(If after June 30, 2011 – you DO NOT need this waiver.) Other:% If Other, Specify: on 0000 - you DO NOT need this waiver.)
Total Projected Cost of Trip	(Include Transportation, Mileage, Lodging, Mea	ils, Registration, Parking, etc): \$1,525.00
Does this Trip Require Exec	utive Council Approval for Conference/Conven	tion? No: 🗌 Yes: 🖂
If Yes, Have You Received A	pproval? No: 🛛 Yes: 🗌 If Yes, Date	
Has potential to bring o	red duties. (Cite the specific statute.) ost savings or enhanced revenues to the state to the cost savings or enhanced revenues and	. (Cite the specific provide an estimate of
Has a benefit or potenticurrent Executive Courfines below. (If nonrefu	ial benefit which significantly outwelghs the po icil Fact Sheet for qualifying criteria and provide indable ticket is the justification, date of purcha- tence focuses on the discussion of common issues fatency and continuity can be maintained while develop-	le that information on t
As president of the Associ	ne impact it has on the services agencies can provide ation of Criminal Investigative Agencies (ASCIA), I wi	e and innovative ideas utilized to address the reduction of resources. Ill be leading approximately 35 Administrators of State Criminal Investigative national issues of mutual concern that impact daily operations. This exchange
Department Director Signate Department Director Printed	Name: Lossy L. Noble	D. 3/3 s/11

This form must be signed by a department head or agency director. Email a PDF of the form to executive council@iowa.gov

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Out-Of-State Travel Waiver Justification

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This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.

If more than one employee is traveling, a separate form must be completed for each person.

See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

		0	apolipetedps, state, ia.us
Number of People on Trip:	1		
Name of Person Attending:	Amy Pollpeter	Working Title:	Criminalist
Department: Public Safety		Division/Bureau	/Section: DCI / Lab
Will this trip require an overr	night stay outside of lowa? No: 🗌 Yes: 🛛	(If No, you do not	need this waiver)
City (Cities) Traveling To:	Austin, TX		May 24-27, 2011
		(If after June 30,	2011 – you DO NOT need this waiver.)
Funding Source: Appro	opriated State: 100% Federal:% (If the coding for the travel claim is appropriation	Other:% if	Other, Specify: T need this waiver.)
Total Projected Cost of Trip	(Include Transportation, Mileage, Lodging, Mea		
Does this Trip Require Exec	utive Council Approval for Conference/Conven	tion? No: 🗌 \	′es: ⊠
If Yes, Have You Received A	pproval? No: ⊠ Yes: ☐ If Yes, Date	:	
Reason for Travel Waiver (S	elect one)		
☐ Fulfills statutorily requi	ired duties. (Cite the specific statute.)		
Has potential to bring cost savings or enhanced revenues to the state. (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel.)			
Has a benefit or potent	ial benefit which significantly outweighs the po	otential cost. See the	ne
current Executive Cour	ncil Fact Sheet for qualifying criteria and provide	de that information	on \
	refundable ticket is the justification, date of pu		9
Please see Amy's information	(attached) regarding the importance of attending t	nis conference.	
for the repair, replacement a personnel. This funding is a maintain the expert status of	rt surcharge on criminal fines was increased fro nd maintenance of scientific equipment at the D ssigned to cost center 296A. The training is ess our forensic examiners. We feel it is important om cost center 296A to cover the expenses of the	ICI Laboratory, <u>and</u> sential to keep on to to be in attendance	to provide funds for training of DCI Laboratory op of developments in forensic science and to
Department Director Signatu		Date: 3/28/201	1
Department Director Printed	Name: Lary L. Noble		

This form must be signed by a department head or agency director. Email a PDF of the form to executive council@iowa.gov

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APR 0 4 2011

Out-of State Travel Waiver Request

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3/21/11

000202

Out-Of-State Travel Waiver Justification

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.

If more than one employee is traveling, a separate form must be completed for each person.

See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

Number of People on Trip: 2		
Name of Person Attending: Jerry Farmer	Working Title: Conservation Law Enforcement Officer District 2	
Department: Department of Natural Resources	Division/Bureau/Section: Law Enforcement	
Will this trip require an overnight stay outside of lowa? No: ☐ Yes:⊠	(If No, you do not need this waiver)	
City (Cities) Traveling To: Madison, Wisconsin	Dates of Travel: March 27, 2011 through March 30, 2011	
Funding Source: Appropriated State:% Federal:% (If the appropriated state funds are 0%	Other:% If Other, Specify: Game Trust Fund	
Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Mea	lls, Registration, Parking, etc): \$250.00	
Does this Trip Require Executive Council Approval for Conference/Convent	tion? No: 🛛 Yes: 🗌	
If Yes, Have You Received Approval? No: Yes: If Yes, Date Reason for Travel Waiver (Select one)	:	
Fulfills statutorily required duties (Cite the specific statute) Normal		
Has potential to bring cost savings or enhanced revenues to the state program that will receive the cost savings or enhanced revenues and of the saving or revenues attributable to the travel)	provide an estimate	
Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information in the space below.		
	*	
Department Director Signature Ay Thursde Date: 3-24-17		
This form must be signed by a department head or agency direct	or. Email a PDF of the form to executivecouncil@iowa.gov	
Additional information to assist you in completing the See Fact Sheet for more complete information This waiver is required by HF45 from March 7 until June 30, 201	7.	
If no overnight stay is required at a location out-of-state, the tray	el is considered APPROVED	
incidental and no waiver form needs to be submitted. The Council meets each Monday at 10:00 a.m. Deadline for wait	iver is the previous	
Thursday at 12:00 noon. If your travel requires both Executive Council approval and the way.	APR 0 4 ZUII	
due to a convention/conference, note that both processes must separately. See Fact Sheet for further explanation.	be completed	

Out-Of-State Travel Waiver Justification

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See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

Number of People on Trip: 2	
Name of Person Attending: Randall J. Schnoebelen	Working Title: Law Enforcement Supervisor NC District
Department: Department of Natural Resources	Division/Bureau/Section: Law Enforcement
Will this trip require an overnight stay outside of lowa? No: ☐ Yes: ☒	(If No, you do not need this waiver)
City (Cities) Traveling To: Madison, Wisconsin	Dates of Travel: March 27, 2011 through March 30, 2011
	Other:% If Other, Specify:Cama Trust Fund
otal Projected Cost of Trip (include Transportation, Mileage, Lodging, Meals	s, Registration, Parking, etc): \$250.00
Does this Trip Require Executive Council Approval for Conference/Convention	
f Yes, Have You Received Approval? No: Yes: HYes, Date: Reason for Travel Waiver (Selections)	
Fulfills statutorily required duties (Cite the specific statute) Normal in	ob duties and maintain I.LE.A. training certification 455A.2
Has potential to bring cost savings or enhanced revenues to the state (program that will receive the cost savings or enhanced revenues and p of the saving or revenues articulable to the travel) Has a benefit or potential benefit which significantly outweighs the pot the current Executive Council arts Sheet for qualifying criteria and pro- information in the space below.	ential cost. See
Department Director Signature Joy L. Aussile. This form must be signed by a department head or agency director.	Date: 3-24-//
Additional information to assist you in completing this See Fact Sheet for more complete information. This walver is required by HF45 from March 7 until June 30, 2011 if no overhight stay is required at a location out-d-state, the view incidental and no walver form needs to be submitted. The Council meets each Monday at 10:00 a.m. Deadline for walv Thursday at 12:00 noon. If your travel requires both Executive Council approval and the wirdus to a convention/conference, note that both processes must be due to a convention/conference, note that both processes must be	l is considered ver is the previous valver justification

APPROVED Executive Council APR 0 4 2011

000204

Out-Of-State Travel Waiver Justification

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If more than one employee is traveling, a separate form must be completed for each person.

See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

Number of People on Trip: 1	Contact E-mail: Cecil.wright@iub.iowa.gov		
Name of Person Attending: Cecil Wright	Working Title: Assistant General Counsel		
Department: Commerce	Division/Bureau/Section: Utilities Board/General Counsel		
Will this trip require an overnight stay outside of lowa? No: ☐ Yes: ☐ (If No – you DO NOT need this waiver.)	Reason for Travel: FERC Pre-settlement Conference		
City (Cities) Traveling To: Washington, DC	Dates of Travel: April 6-7, 2011		
	(If after June 30, 2011 – you DO NOT need this waiver.)		
Funding Source: Appropriated State:%	Other: 100% If Other, Specify: Commerce Revolving Fund 2000 - you DO NOT need this waiver.)		
Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals	s, Registration, Parking, etc): \$957.00		
Does this Trip Require Executive Council Approval for Conference/Convention	on? No: 🖂 Yes: 🗌		
If Yes, Have You Received Approval? No: Yes: If Yes, Date:			
Reason for Travel Waiver (Select one)			
Fulfills statutorily required duties. (Cite the specific statute.)			
Has potential to bring cost savings or enhanced revenues to the state. (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel.)			
Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below. (If nonrefundable ticket is the justification, date of purchase is required.)			
The Federal Energy Regulatory Commission has scheduled a pre-settlement conf	erence regarding Northern Natural Gas Company's proposal to		
recover from its customers certain costs that we feel customers should not be resp			
Attendance by the parties is required and must be in person; telephone attendance	e will not be permitted.		
Department Director Signature:	Date: 3-30-11		
Department Director Printed Name: Robert B. Berntsen	_		
This form must be signed by a department head or agency director	Email a PDF of the form to executivecouncil@iowa.gov		

Additional information to assist you in completing this form. See Fact Sheet for more complete information.

- This waiver is required by HF45 from March 7 until June 30, 2011.
- If no overnight stay is required at a location out-of-state, the travel is considered incidental and no waiver form needs to be submitted.
- The Council meets each Monday at 10:00 a.m. Deadline for waiver is the previous Wednesday at 12:00 noon.
- If your travel requires both Executive Council approval and the waiver justification due to a convention/conference, note that both processes must be completed separately. See Fact Sheet for further explanation.

Executive Council Approval

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Executive Council

Out-Of-State Travel Waiver Justification

000205

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.

If more than one employee is traveling, a separate form must be completed for each person.

See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

No. by a Character of Tales of	Contact E-mail: don.stursma@iub.iowa.gov		
Number of People on Trip: 1	2045 466 1266 426 2007 10 2007 10 20		
Name of Person Attending: Don Stursma	Working Title: Manager, Safety & Engineering		
Department: Commerce	Division/Bureau/Section: lowa Utilities Board/Safety & Engineering		
Will this trip require an overnight stay outside of lowa? No: ☐ Yes: ☒	(If No, you do not need this waiver)		
City (Cities) Traveling To: Newark, Ohio (Columbus area)	Dates of Travel: April 25-29, 2011		
	(If after June 30, 2011 – you DO NOT need this waiver.)		
Funding Source: ☐ Appropriated State:% ☒ Federal: 60% ☒ (If the coding for the travel claim is appropriation	Other: 40% If Other, Specify: Revolving Fund 0000 - you DO NOT need this waiver.)		
Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Mea	ls, Registration, Parking, etc): \$1780		
Does this Trip Require Executive Council Approval for Conference/Convent	ion? No: 🛛 Yes: 🗌		
If Yes, Have You Received Approval? No: Yes: If Yes, Date:			
Reason for Travel Waiver (Select one)			
Fulfills statutorily required duties. (Cite the specific statute.)			
Has potential to bring cost savings or enhanced revenues to the state. (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel.)			
Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below. (If nonrefundable ticket is the justification, date of purchase is required.)			
Travel is necessary to attend training on new or changed program requ			
in noncompliance that could cause the loss of funds or could cause per which training is required must be specified – Federal Pipeline Safety	enalties to be assessed against the state. The program on Grant and Certification Program (49 U.S.C. 601).		
Department Director Signature: 28	Date: 3-36-/(
Department Director Printed Name: Robert B. Berntsen	_		
This form must be signed by a department head or agency directo	r. Email a PDF of the form to executivecouncil@iowa.gov		

Additional information to assist you in completing this form. See Fact Sheet for more complete information.

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Executive Council Approval

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Executive Council

Out-Of-State Travel Waiver Justification

000206

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Please answer all of the questions listed below.

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Number of People on Trip:	One	Contact E-mail: Suzanne.hutton@iwd.iowa.gov
Name of Person Attending:	Eric Wiechmann	Working Title: Safety Consultant
Department: lowa Workford	e Development	Division/Bureau/Section: Labor - OSHA Consultation & Education
Will this trip require an over	night stay outside of lowa? No: Yes: Yes:	(If No, you do not need this waiver)
City (Cities) Traveling To:	Chicago, Illinois	Dates of Travel: May 2- May 6, 2011
	*	(If after June 30, 2011 – you DO NOT need this waiver.)
Funding Source: Appro	opriated State: $\underline{50}\%$ Federal: $\underline{50}$ $$ (If the coding for the travel claim is appropriation	Other:% If Other, Specify:
, , ,	(If the coding for the travel claim is appropriation	0000 - you DO NOT need this waiver.)
Total Projected Cost of Trip	(Include Transportation, Mileage, Lodging, Meal	s, Registration, Parking, etc): \$740.00
Door this Trip Beautre Even	utive Council Approval for Conference/Conventi	on? No. X Van.
Does this Trip Require Execu	utive council Approval for conterence/conventi	off No. A fes.
If Yes, Have You Received A	pproval? No: Yes: If Yes, Date:	- Allegreen
Reason for Travel Waiver (Se	elect one)	
	red duties. (Cite the specific statute.)	
program that will receiv	ost savings or enhanced revenues to the state. re the cost savings or enhanced revenues and p es attributable to the travel.)	
current Executive Coun	al benefit which significantly outwelghs the pote cil Fact Sheet for qualifying criteria and provide refundable ticket is the justification, date of pure	that information on
Travel is necessary - Mr. Wied	chmann is enrolled in a training course that is require	ed as part of the training track for consultants through the grant
Agreement with Federal OSHA	. This course was identified and budgeted for in the	e FFY2011 OSHA Consultation Agreement.
	re: Level Wahlert Name: Teresa Wahlert	Date: 3-29-11
This form must be s	signed by a department head or agency director.	. Email a PDF of the form to executivecouncil@iowa.gov
100		Executive Council Approval
	ormation to assist you in completing this ct Sheet for more complete information.	

- This waiver is required by HF45 from March 7 until June 30, 2011.
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APPROVED Executive Council

STATE OF IOWA

TERRY E. BRANSTAD, GOVERNOR KIM REYNOLDS, LT. GOVERNOR MAR 22 2011

DEPARTMENT OF HUMAN SERVICES
CHARLES M. PALMER, DIRECTOR

Executive Council State Capitol LOCAL

RE: Request for an out-of-state travel waiver by category

Dear Council Members:

I would like to request an out-of-state travel waiver by category for Department of Human Services' social work staff to travel with very little notice to accompany children who are in the custody or guardianship of the Department in the following circumstances per Code of Iowa, Chapter 232:

- Parents abscond with child(ren) and DHS staff must return the child(ren) to the state of lowa for the child's protection
- A child runs away to another state and must be returned through the Interstate Compact for the Placement of Children
- A child's behaviors result in immediate discharge from an out-of-state facility and the child must return to lowa
- A child successfully completes treatment at an out-of-state facility and DHS is provided minimal time to make arrangements to return the child to lowa
- DHS is notified of an opening for a child in an out-of-state placement, and immediate travel is necessary to meet the child's needs
- The Juvenile Court orders a child placed out-of-state to appear in Court with little notice
- Federal IV-B regulations require regular visits with children placed out-of-state.

All minors must be accompanied when traveling. At times, health or behavioral issues of a child may require more than one staff to participate in the travel. More than one staff is also required when transporting a large sibling group. Immediate travel arrangements are often necessary to ensure the care needs of children are being met, and to minimize the time children may spend in out-of-state shelters or foster care. The resources necessary to find alternative emergency placements in other states and complete the contracting process is both time and cost prohibitive.

The Department handles approximately four to six requests monthly for airline tickets for DHS staff in the aforementioned situations. If it is cost-effective and safe for the child and worker, DHS staff may travel by car to transport children. The expenses incurred include transportation costs, food, and hotel expenses.

Thank you for your consideration of this request.

Sincerely,

Charles M. Palmer

Director

APR 0 4 2011

APPROVED

CMP/va



STATE OF IOWA

TERRY E. BRANSTAD, GOVERNOR KIM REYNOLDS, LT. GOVERNOR DEPARTMENT OF HUMAN SERVICES CHARLES M. PALMER, DIRECTOR

MAR 2 9 2011

Executive Council
State Capitol
LOCAL

RE: DHS-Institution Request for Waiver by Category for Out-of-State Travel

Dear Council Members:

I would like to request an out-of-state travel waiver by category for Department of Human Services' institution direct care and medical staff who routinely travel out-of-state and may include overnight stays when accompanying and supporting institution clients:

- · Throughout emergency and acute hospitalization,
- · While receiving other specialized health treatment,
- During out-placement visits and other placement activities to facilitate the timely and appropriate discharge of institution clients.

The DHS institutions and facilities include the State Resource Centers, the Mental Health Institutions, the Juvenile Facilities, and the Civil Commitment Unit for Sexual Offenders (CCUSO).

DHS Institutions/ Facilities	Iowa Code Reference	Duties
Mental Health Institutions	226.6 The superintendent shall: 1. Have the control of the medical, mental, moral, and dietetic treatment of the patients in the superintendent's custody subject to the approval of the administrator.	To provide required control, the superintendent can provide institution staff to accompany an MHI patient during medical treatment or during discharge placement.
State Resource Centers	222.4 The superintendents shall: 1. Perform all duties required by law and by the administrator not inconsistent with law. 2. Oversee and insure individual treatment and professional care of each patient in the resource	To provide patient oversight, custody, and control; the superintendent can provide staff to accompany a SRC patient during medical treatment or during discharge placement.
	centers. 3. Maintain a full and complete record of the	APPROVED Executive Council
	condition of each patient in the resource centers.	APR 0 4 2011
	4. Have custody, control, and management of all patients in such manner as deemed best subject to the regulations of the administrator.	

DHS Institutions/ Facilities	Iowa Code Reference	Duties
State Training School	233A.2 The superintendent has charge and custody of the juveniles committed to the state training school. The superintendent shall administer the state training school and direct the staff in order to provide a positive living experience designed to prepare the juveniles for a productive future.	To address custodial responsibilities, the superintendent can provide staff to accompany a STS youth during medical treatment or during discharge placement.
lowa Juvenile Home	233B.1 2. The lowa juvenile home shall be maintained for the purpose of providing care, custody, and education of the children committed to the home. The children shall be wards of the state. The children's education shall embrace instruction in the common school branches and in such other higher branches as may be practical and will enable the children to gain useful and self-sustaining employment. The administrator and the superintendent of the home shall assist all discharged children in securing suitable homes and proper employment.	To address custodial and discharge responsibilities, the superintendent can provide staff to accompany an IJH youth during medical treatment or during discharge placement.
Civil Commitment Unit for Sexual Offenders	7. The control, care, and treatment of a person determined to be a sexually violent predator shall be provided at a facility operated by the department of human service. At all times prior to placement in a transitional release program or release with or without supervision, persons committed for control, care, and treatment by the department of human services pursuant to this chapter shall be kept in a secure facility and those patients shall be segregated at all times from any other patient under the supervision of the department of human services.	CCUSO provides for the control, care, and treatment of persons under civil commitment who are determined to be sexually violent predators. CCUSO is required to maintain security for patients receiving health-related services in other settings. To maintain control and security, CCUSO can be required to provide staff to accompany patients while off facility grounds.

During client hospitalization and other health treatment, staff that is present provides a vital service to both the client and the treating hospital and health professionals. Clients of DHS' facilities may be unable to answer health-related questions. Having facility staff who know the client's medical conditions (such as allergies) present during hospitalization lessens the risk of hospital staff missing information provided in written medical records. Some clients are non-verbal, and having a staff who knows the client present can assist others with interpreting behavior, such as signs of discomfort. For clients with difficulty swallowing, providing oral intake can be dangerous unless hospital staff is trained on the patient's oral intake regimen. Again, hospital staff can be provided with information but many clients have highly specialized requirements for food textures and amounts of food

consumed per bite. Training hospital staff adequately would have to occur over multiple hospital shifts and with multiple staff persons. Clients with significant self-harm behaviors or other mental health challenges can require more support and protection than an acute care hospital can, or is equipped to, provide.

Experience has proven that transmitting several inches of records is less effective than providing a staff person who knows the client to coordinate and facilitate needed care. The United States Department of Justice praised lowa's practice of providing staff to support clients during hospitalizations.

State institutions also promote the appropriate discharge and out-placement of its clients. Out-placement activities are also in accordance with the principles established in Olmstead V. L.C., 527 U.S. 581 (1991), in order that services are provided in the most community-based, integrated setting appropriate to an individual's need and in the least restrictive setting. There are occasions where, due to the unique health and behavioral health needs of an individual, the appropriate community-based setting is an out-of-state facility. There are also instances where the discharge plan is to an out-of-state relative. Time sensitive travel arrangements can be necessary to ensure an opening at a facility is not lost and to minimize the length of stay and related costs at the state institution.

Approval of this waiver by category will allow the DHS institutions and facilities to continue to promote the health and safety of their clients while traveling out-of-state for acute hospital stays, while receiving other specialized health treatment, and for out-placement visits and other discharge placement activities.

Thank you for your consideration of this request for a waiver by category.

Sincerely,

Charles M. Palmer

Director

CMP/JN/kt